PAGE 1 / 30

Image# 201607189020677819

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For	An Authorize					Office Use Only
NAME OF COMMITTEE (in		PRINT ▼		le: If typing ie lines.	g, type	12FE4M5	
G Ryan for Co	ngress			1 1 1			
ADDRESS (number ar	d street)	ir Ave					
Check if dif							
than previous reported. (A		aul 				MN	55103
2. FEC IDENTIFIC	CATION NUMBER	<u> </u>	ITY A			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C0060784	16	3. IS T	THIS >	NEW (N)	OR	AMEND (A)	MN 04
(a) Quarterly R April 15 X July 15 Octobe January	PORT (Choose One) eports: Guarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3) r 31 Year-End Report (Q3)	(Q3) Elec YE) (c) 30-E	Conction on Day POST-EI	mary (12P)	2C) ort for the:	General (1 Special (1	in the State of
5. Covering Period	M M / D	/ Y Y 2016	Y	through	M M M	/ 30 /	2016
I certify that I have a	examined this Report	and to the best o	of my knowle	edge and b	elief it is tr	rue, correct and	d complete.
Typo or Time Name s	Tauri	ollingreit				M M	/ D D / Y Y Y Y
Signature of Treasure	Paul Holmgren		[Ele	ctronically F	iled] [Date 07	18 2016
NOTE: Submission of	false, erroneous, or in	complete informat	ion may subj	ect the pers	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 30

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

G	Ryan	for	Congress
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06 30 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 6760.00 6760.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 6760.00 6760.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 4195.90 4533.51 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4195.90 4533.51 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 6967.19 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 4876.58 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 30

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

G Ryan for Congress

06 2016 04 01 2016 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 1660.00 1660.00 (ii) Unitemized..... (iii) TOTAL of contributions 1660.00 1660.00 from individuals 5000.00 5000.00 Political Party Committees..... Other Political Committees 100.00 100.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 6760.00 6760.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 3436.97 4876.58 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 3436.97 4876.58 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 11636.58 10196.97 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 30

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	4195.90	4533.51
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	(b)	Political Party Committees	0.00	0.00
	(c)	Other Political Committees (such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTI	HER DISBURSEMENTS	10.00	135.88
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	4205.90	4669.39
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	976.12
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	10196.97
25.	SUI	BTOTAL (add Line 23 and Line 24)		11173.09
26.	то	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	4205.90
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	6967.19

FOR LINE NUMBER: PAGE 5 OF 30 Use separate schedule(s) (check only one) for each category of the X 11b 11d 11a 11c Detailed Summary Page 12 13a 13b

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) G Ryan for Congress Full Name (Last, First, Middle Initial) CD4-RPM, REPUBLICAN PARTY OF MINNESOTA Date of Receipt Mailing Address 3425 MCKNIGHT RD N 2016 14 City State Zip Code Transaction ID: SA11B.4145 MN 55110 WHITE BEAR LAKE FEC ID number of contributing Amount of Each Receipt this Period C00621185 federal political committee. 4000.00 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 4000.00 Other (specify) Full Name (Last, First, Middle Initial) CD4-RPM, REPUBLICAN PARTY OF MINNESOTA Date of Receipt Mailing Address 3425 MCKNIGHT RD N 05 18 2016 Citv State Zip Code Transaction ID: SA11B.4159 WHITE BEAR LAKE MN 55110 FEC ID number of contributing Amount of Each Receipt this Period С C00621185 federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FEC Schedule A (Form 3) (Revised 12/2015)

5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE	6	OF	3	30
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the		11a		11b	X	11c	11	d		
Detailed Summary Page		12		13a		13b	14	. [15
not be sold or used by any pdress of any political committee										s

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad-NAME OF COMMITTEE (In Full) G Ryan for Congress Full Name (Last, First, Middle Initial) 67th Senate District-Republican Party of MN Date of Receipt Mailing Address PO Box 75636 06 2016 16 City State Zip Code Transaction ID: SA11C.4177 MN 55175 Saint Paul FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 100.00 TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 OF 30 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page X 13a 12 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) G Ryan for Congress Full Name (Last, First, Middle Initial) **GREGORY THOMAS RYAN** Date of Receipt Mailing Address 2800 HILLSCOURTE COURT S 2016 06 City State Zip Code Transaction ID: SA13A.4206 MN 55113 **ROSEVILLE** FEC ID number of contributing Amount of Each Receipt this Period H6MN04236 federal political committee. 84.24 Name of Employer Occupation Ryan Plumbing/Heating Company Owner/Manager Memo Item Cellphone Payment Receipt For: 2016 Election Cycle-to-Date Primary General 1523.85 Other (specify) Full Name (Last, First, Middle Initial) **GREGORY THOMAS RYAN** Date of Receipt Mailing Address 2800 HILLSCOURTE COURT S 21 2016 Citv State Zip Code Transaction ID: SA13A.4207 **ROSEVILLE** MN 55113 FEC ID number of contributing Amount of Each Receipt this Period С H6MN04236 federal political committee. 553.08 Name of Employer Occupation Owner/Manager Memo Item Ryan Plumbing/Heating Company Initial Sign Order Receipt For: 2016 Election Cycle-to-Date | Primary General 2076.93 Other (specify) Full Name (Last, First, Middle Initial) **GREGORY THOMAS RYAN** Date of Receipt Mailing Address 2800 HILLSCOURTE COURT S 2016 30 City State Zip Code Transaction ID: SA13A.4209 MN **ROSEVILLE** 55113 FEC ID number of contributing С H6MN04236 Amount of Each Receipt this Period federal political committee. 87.47 Name of Employer Occupation Ryan Plumbing/Heating Company Owner/Manager Memo Item Receipt For: 2016 Campaign Cell Phone Election Cycle-to-Date ✓ Primary General Other (specify) 2164.40 724.79 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 30 (check only one) 11a 11b 11c 11d 11d 12 X 13a 13b 14 15	
Any information copied from such Reports and Sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) G Ryan for Congress			
Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN Mailing Address 2800 HILLSCOURTE COURT	S	Date of Receipt 05 05 05 2016	
City ROSEVILLE	State Zip Code MN 55113	Transaction ID : SA13A.4211	
FEC ID number of contributing federal political committee.	С Н6МN04236	Amount of Each Receipt this Period	
Name of Employer Ryan Plumbing/Heating Company Receipt For: 2016	Occupation Owner/Manager Election Cycle-to-Date	74.24 Memo Item Mailing Supplies	
Primary General Other (specify)	2238.64		
Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN Mailing Address 2800 HILLSCOURTE COURT	9	Date of Receipt	
City	05 10 2016		
ROSEVILLE	State Zip Code MN 55113	Transaction ID : SA13A.4212	
FEC ID number of contributing federal political committee.	С Н6МN04236	Amount of Each Receipt this Period	
Name of Employer Ryan Plumbing/Heating Company	Occupation Owner/Manager	433.14 Memo Item	
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	Printing Push Cards	
Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN		Date of Receipt	
Mailing Address 2800 HILLSCOURTE COURT	S	05 26 2016	
City ROSEVILLE	State Zip Code MN 55113	Transaction ID : SA13A.4249	
FEC ID number of contributing federal political committee.	С н6мN04236	Amount of Each Receipt this Period	
Name of Employer Ryan Plumbing/Heating Company	Occupation Owner/Manager	355.00 Memo Item	
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 3026.78	Candidate Filing Fee/Name Tag/Voter Lists	
SUBTOTAL of Receipts This Page (optional)		862.38	

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SCHEDULE A (FEC Form 3)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 OF 30 (check only one)			
TEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 11d 12 X 13a 13b 14 15			
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) G Ryan for Congress						
Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN			Data of Bassist			
Mailing Address 2800 HILLSCOURTE COU	RT S		Date of Receipt 05 27 2016			
City	State	Zip Code	Transaction ID : SA13A.4214			
ROSEVILLE	MN	55113	Transaction in . GA13A.4214			
FEC ID number of contributing federal political committee.	C H61	MN04236	Amount of Each Receipt this Period			
Name of Employer	Occupation		518.72			
Ryan Plumbing/Heating Company	Owner/Man		Memo Item			
Receipt For: 2016	Election C	/cle-to-Date	Payment of Credit Card Purchases			
Primary General	1	0545.50	1			
Other (specify)		3545.50	J			
Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN	•		Date of Receipt			
Mailing Address 2800 HILLSCOURTE COU	M M / D D / Y Y Y Y					
City ROSEVILLE	State MN	Zip Code 55113	Transaction ID : SA13A.4216			
FEC ID number of contributing federal political committee.	S LE		Amount of Each Receipt this Period			
Name of Employer	Occupation	 	87.47			
Ryan Plumbing/Heating Company	Owner/Man	ager	Memo Item			
Receipt For: 2016	Election C	/cle-to-Date	Campaign Cell Phone			
Primary General			1			
Other (specify)		3632.97				
Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN			Date of Receipt			
Mailing Address 2800 HILLSCOURTE COU	RT S		06 17 2016			
City ROSEVILLE	State MN	Zip Code 55113	Transaction ID : SA13A.4217			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period			
Name of Employer	Occupation	 I	580.00			
Ryan Plumbing/Heating Company	Owner/Man	ager	Memo Item			
Receipt For: 2016	Election C	/cle-to-Date	Sign Painting			
Primary General Other (specify)		4212.97]			
SUBTOTAL of Receipts This Page (optional).	'		1186.19			

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ITI	CHEDULE A (FEC Form 3) EMIZED RECEIPTS y information copied from such Reports and	Statements m	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 30 (check only one) 11a 11b 11c 11d 11d 12 X 13a 13b 14 15 person for the purpose of soliciting contributions
				ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN Mailing Address 2800 HILLSCOURTE COURT S			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ROSEVILLE	State MN	Zip Code 55113	Transaction ID : SA13A.4218
	FEC ID number of contributing federal political committee.	С не	MN04236	Amount of Each Receipt this Period 87.47
	Name of Employer	Occupation		
	Ryan Plumbing/Heating Company Receipt For: 2016 Primary Other (specify) Owner/Mana Election Cy Other (specify)		ycle-to-Date 4300.44	Memo Item Campaign Cell Phone
В.	Full Name (Last, First, Middle Initial) GREGORY THOMAS RYAN Mailing Address 2800 HILLSCOURTE COURT	Date of Receipt		
	City	State	Zip Code	06 29 2016
	ROSEVILLE MN		55113	Transaction ID : SA13A.4220
	FEC ID number of contributing federal political committee.	С не	MN04236	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	576.14
	Ryan Plumbing/Heating Company	Owner/Man		Memo Item Payment of Credit Card Purchases
	Receipt For: 2016 Primary General Other (specify) Election Cy		ycle-to-Date 4876.58	Payment of Gredit Card Futchases
	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Memo Item
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

663.61

3436.97

PAGE 11 30 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) G Ryan for Congress Full Name (Last, First, Middle Initial) Date of Disbursement 4imprint 2016 Mailing Address 101 Commerce St 05 31 City State Zip Code Amount of Each Disbursement this Period WI Oshkosh 54901 Purpose of Disbursement Campaign Table Covers 215.90 006 Memo Item Candidate Name Category/ Type Transaction ID: SB17.4251 Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Look Sign Date of Disbursement Mailing Address 5635 142nd Ave NW 04 21 2016 City State Zip Code Amount of Each Disbursement this Period MN 55303 Ramsey Purpose of Disbursement Convention Signs 258.97 003 Memo Item Candidate Name Category/ Type Transaction ID: SB17.4227 Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) c. MN Secretary of State Date of Disbursement Mailing Address 60 Empire Dr 05 26 2016 City State Zip Code Amount of Each Disbursement this Period Saint Paul MN 55103 300.00 Purpose of Disbursement Candidate Filing Fee 001 Memo Item Candidate Name Category/ Type Transaction ID: SB17.4246 Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

774.87

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		B (FEC Form SBURSEMENT	-	Use separate sch for each categor Detailed Summar	of the	FOR LINE NUMBER: PAGE 12 OF 30 (check only one) X 17
						person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMM G Ryan for	, ,				
Α.	MANI Calanata	First, Middle Initial) ary of State				Date of Disbursement
	Mailing Address	60 Empire Dr				06 01 2016
	City Saint Paul Purpose of Disbry Voter ID Lists Candidate Name		State MN	Zip Code 55103	003 Category/	Amount of Each Disbursement this Period 35.00 Memo Item
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	General	Type	Transaction ID : SB17.4254
В.		First, Middle Initial) ng				Date of Disbursement
	City Saint Paul Purpose of Disbu	1332 Thomas Ave	State MN	Zip Code 55104		Amount of Each Disbursement this Period 742.62
	Posters & Busin Candidate Name				004 Category/ Type	Memo Item Transaction ID : SB17.4200
	Office Sought: State:	House Senate President District:	Disbursement For X Primary Other (s	General		
C.	Full Name (Last, Rapit Print	First, Middle Initial)				Date of Disbursement
	Mailing Address 1415 1st Ave NW					05 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code New Brighton MN 55112 Purpose of Disbursement Push Cards					Amount of Each Disbursement this Period 433.14
	Candidate Name				003 Category/ Type	Memo Item Transaction ID : SB17.4237
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
Г	State:	District:				
s	SUBTOTAL of Dis	bursements This Page	(optional)			1210.76

NAME OF COMMITTEE (in Full) G Ryan for Congress Full Name (Last, First, Middle Initial) A, Rod Thompson Sign Painting Mailing Address 1511 Iglehart Ave City State Zip Code Saint Paul Min S5104 Purpose of Dipbursement Category/ Office Sought: House President Other (specify) State: Disbursement For: 2016 Senate President Other (specify) Date of Disbursement For: 2016 State: Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Amount of Each Disbursement First Full Name (Last, First, Middle Initial) Transaction ID: SB17.4250 Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement Transaction ID: SB17.4256					
Any Information copied from such Raports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commending lumposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) G Ryan for Congress Full Name (Last, First, Middle Initial) A, Rod Thompson Sign Painting Mailing Address 1511 Iglehart Ave City Saint Paul Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) 3, T-Mobile Mailing Address PO Box 790047 City State: District: Full Name (Last, First, Middle Initial) 3, T-Mobile Mailing Address PO Box 790047 City State: District: Full Name (Last, First, Middle Initial) 3, T-Mobile Mailing Address PO Box 790047 City State: District: District:			Use separate schedule(s) for each category of the		(check only one) X 17 18 19a 19b
NAME OF COMMITTEE (in Full) G Ryan for Congress Full Name (Last, First, Middle Initial) A, Rod Thompson Sign Painting Mailing Address 1511 Iglehart Ave City State Zip Code Saint Paul Min S5104 Purpose of Dipbursement Category/ Office Sought: House President Other (specify) State: Disbursement For: 2016 Senate President Other (specify) Date of Disbursement For: 2016 State: Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Amount of Each Disbursement First Full Name (Last, First, Middle Initial) Transaction ID: SB17.4250 Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement For: 2016 Senate Primary General Other (specify) Date of Disbursement Transaction ID: SB17.4256					person for the purpose of soliciting contributions
A. Rod Thompson Sign Painting Mailing Address 1511 Iglehart Ave City State Zip Code Sant Pau MN 55104 Purpose of Disbursement Campaign Office Sign	_	NAME OF COMMITTEE (In Full)	,,		
Saint Paul Purpose of Disbursement Campaign Office Sught: House Senate President State: District: Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 790047 City State Zip Code Senate President State: District: Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 790047 City State Zip Code Senate President Senate President Senate President Senate President Senate President Senate President Senate Senate Senate Senate Senate Senate Senate President State: District: Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 790047 City State Zip Code Senate President State: District: Full Name (Last, First, Middle Initial) Transaction ID : SB17.4250 Date of Disbursement this Period ### Memoltem Transaction ID : SB17.4250 Date of Disbursement this Period ### Amount of Each Disbursement Transaction ID : SB17.4250 ### Amount of Each Disbursement Transaction ID : SB17.4250 ### Amount of Each Disbursement Transaction ID : SB17.4250 Date of Disbursement ### Amount of Each Disbursement ### Category/ Type ### Disbursement ### Office Sought: Disbursement ### Category/ Type Office Sought: Disbursement ### Category/ Category/ Type Office Sought: Disbursement ### Category/ Type	۹.	Rod Thompson Sign Painting			M = M / D = D / Y = Y = Y
Office Sought: House Senate Prissident State: District: Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 790047 City State Zip Code St Louis MO 63179 Purpose of Disbursement For: 2016 Candidate Name Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) T-Mobile Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID : SB17.4250 Date of Disbursement Amount of Each Disbursement this Period Transaction ID : SB17.4250 Date of Disbursement this Period Transaction ID : SB17.4250 Date of Disbursement this Period Transaction ID : SB17.4250 Amount of Each Disbursement Transaction ID : SB17.4250 Amount of Each Disbursement Transaction ID : SB17.4250 Transaction ID : SB17.4256 Transaction ID : SB17.4256		Saint Paul MN Purpose of Disbursement Campaign Office Sign		Category/	580.00
Mailing Address PO Box 790047 City State Zip Code St Louis MO 63179 Propose of Disbursement Campaign Cell Phone Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 790047 City State Zip Code St Louis MO 63179 Date of Disbursement this Period Amount of Each Disbursement this Period Memo Item Transaction ID: SB17.4250 Date of Disbursement this Period Memo Item Transaction ID: SB17.4250 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB17.4250 Date of Disbursement this Period Amount of Each Disbursement Transaction ID: SB17.4256 Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate President Disbursement For: 2016 Senate Primary General Other (specify) State: District: District: District: Transaction ID: SB17.4256		Senate Primary President Other (s	General	Туре	Transaction ID : SB17.4257
St Louis MO 63179 Purpose of Disbursement Campaign Cell Phone Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General District: Full Name (Last, First, Middle Initial) T-Mobile Mailling Address PO Box 790047 City State Zip Code St Louis MO 63179 Purpose of Disbursement Campaign Cell Phone Candidate Name Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB17.4256 Transaction ID: SB17.4256	•	T-Mobile			M M / D D / Y Y Y
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) T-Mobile Mailing Address PO Box 790047 City State Zip Code St Louis MO 63179 Purpose of Disbursement Campaign Cell Phone Candidate Name Office Sought: House Senate President State: District: District: Di		St Louis MO Purpose of Disbursement Campaign Cell Phone	•	Category/	87.47
Mailing Address PO Box 790047 City State Zip Code St Louis MO 63179 Purpose of Disbursement Campaign Cell Phone Candidate Name Office Sought: House Senate President President State: District: Date of Disbursement Amount of Each Disbursement this Period Memo Item Transaction ID: SB17.4256 Transaction ID: SB17.4256		Senate Primary President Other (s	General	Іуре	Transaction ID : SB17.4250
St Louis Purpose of Disbursement Campaign Cell Phone Category/ Type Office Sought: House Senate President State: Disbursement For: 2016 Senate President State: District: Mod 63179 87.47 Memo Item Transaction ID: SB17.4256	Э.	T-Mobile			M M / D D / Y Y Y
State: District:		St Louis MO 6 Purpose of Disbursement Campaign Cell Phone Candidate Name Office Sought: House Senate Disbursement For Primary	3179 : 2016 General	Category/	87.47 Memo Item
			рреспуј		754.94

SUBTOTAL of Disbursements This Page (optional).....

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate for each cate Detailed Sumr	jory of the	FOR LINE NUMBER: PAGE 14 OF 30 (check only one) X 17
Ar	ny information copied from such Reports and Statemer for commercial purposes, other than using the name a	its may not be sold	or used by any political committe	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) G Ryan for Congress			
Α.	Full Name (Last, First, Middle Initial) US Postal Service			Date of Disbursement
	Mailing Address 1430 Concordia Ave City State	e Zip Code		05 05 2016
	Saint Paul MN	55104		Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Postage		003	470.00 Memo Item
	Candidate Name		Category/ Type	Transaction ID : SB17.4234
		: For: 2016 nary Genera	āl	
В.	Full Name (Last, First, Middle Initial) Vistaprint			Date of Disbursement
	Mailing Address 95 Hayden Ave City State	e Zip Code		05 16 2016
	Lexington MA	02421		Amount of Each Disbursement this Period
	Purpose of Disbursement Banner/Business Cards		006	142.53 Memo Item
	Candidate Name		Category/ Type	Transaction ID : SB17.4240
	Office Sought: House Disbursement Senate Projections Office Sought: Office Sought: Disbursement Office Sought: Dis		al	
	President Oth	er (specify)		
_	Full Name (Last, First, Middle Initial)			
C.	Vistaprint	Date of Disbursement		
	Mailing Address 95 Hayden Ave			06 06 2016
	City State	Zip Code 02421		Amount of Each Disbursement this Period
	Lexington MA Purpose of Disbursement Campaign Printing	006	113.26	
	Candidate Name		Category/ Type	Memo Item
		For: 2016 nary Genera		Transaction ID : SB17.4267
_	State: District:			
				725.79

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 15 OF 30 (check only one) 17				
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a							
\rangle	NAME OF COMMITTEE (In Full) G Ryan for Congress							
Α.	Full Name (Last, First, Middle Initial) US Postal Service			Date of Disbursement				
	Mailing Address 1430 Concordia Ave			06 23 2016				
	City State Saint Paul MN Purpose of Disbursement	Zip Code 55104		Amount of Each Disbursement this Period				
	Purpose of Disbursement Change of Address Fee Candidate Name		001 Category/ Type	Memo Item				
	Office Sought: House Senate Primary President State: Disbursement For Other (s	General	7)	Transaction ID : SB21.4198				
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement				
	Mailing Address			M M / D D / Y Y Y				
	City State	Zip Code		Amount of Each Disbursement this Period				
	Purpose of Disbursement			Memo Item				
	Candidate Name		Category/ Type					
	Office Sought: House Disbursement For Senate Primary President Other (s	General						
	State: District: Full Name (Last, First, Middle Initial)							
C.				Date of Disbursement				
	Mailing Address			M M / D D / Y Y Y Y				
	City State Zip	p Code		Amount of Each Disbursement this Period				
	Purpose of Disbursement			Mana har				
	Candidate Name		Category/ Type	Memo Item				
	Office Sought: House Senate Primary President State: Disbursement For Primary Other (s	General						
S	SUBTOTAL of Disbursements This Page (optional)							
	OTAL This Period (last page this line number only)			1.00				

Use separate schedule(s) for each category of the

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UAN5		Detailed Summary Page	(crieck only one) 13a
AME OF COMMITTEE (In Full) G Ryan for Congress		Transaction	ID : SC/10.4100
LOAN SOURCE Full Name (Last, First GREGORY THOMAS RYAN)		·	ection: 2016 Primary General
Mailing Address 2800 HILLSCOURTE COURT S			Other (specify) ▼
City	State ZIP Cod	de	
ROSEVILLE	MN 55113		
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
TEDMO			2 2 2
Date Incurred Mo1 ^M / D15 ^D / Y 2016 Y 2016	Date Due	Interest Rate 2/31/16	Secured: % (apr) Secured: Yes No
List All Endorsers or Guarantors (if a			
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	,
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	,
SUBTOTALS This Period This Page (opti	onal)	······	1000.00
FOTALS This Period (last page in this lin			
Carry outstanding balance only to LINE	3, Schedule D, for this line. If r	no Schedule D, carry forward	to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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OANS			Detailed Summary P		check only one)	13a 13b
AME OF COMMITTEE (In Full)			Trans	action ID :	SC/10.4125	11111
G Ryan for Congress						
LOAN SOURCE Full Name (Las GREGORY THOMAS R Mailing Address		Initial) 'PERSONAL FU	NDS] Memo Item		=0.0	
2800 HILLSCOURTE COURT S						
City	Sta	te ZIP Cod	е	<u>'</u>		
ROSEVILLE	M	N 55113				
Original Amount of Loan	Сι	umulative Payment To [Date Ba	alance Out	standing at Close	of This Period
	102.00		0.00			102.00
Date Incurred Mo1 ^M / P23 ^D / Y 201	6 Y	Date Due	Interest Ra Ž/31/16	ate 0.00	% (apr)	cured:
List All Endorsers or Guaranto	rs (if any) to Lo	an Source				100 100
1. Full Name (Last, First, Middl	e Initial)		Name of Employer			
Mailing Address			Occupation			
City	State Z	IP Code	Amount Guaranteed Outstanding:		7	
2. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State Z	IP Code	Amount Guaranteed Outstanding:	,	7	
3. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State Z	IP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State Z	IP Code	Amount Guaranteed Outstanding:	-	7	
SUBTOTALS This Period This Page	e (optional)		······	,		102.00
TOTALS This Period (last page in t	this line only)		·····		9	
Carry outstanding balance only to	LINE 3. Schedu	le D. for this line. If n	o Schedule D. carry fo	rward to a	appropriate line c	of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4124 NAME OF COMMITTEE (In Full) G Ryan for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2016 Memo Item Primary **GREGORY THOMAS RYAN** General Mailing Address Other (specify) 2800 HILLSCOURTE COURT S City State ZIP Code MN 55113 ROSEVILLE Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 258.91 0.00 258.91 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 29 ^M 02^M 2016 12/31/16 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 258.91 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

JANS		Detailed Summary Page (Shook Shily Ship)
AME OF COMMITTEE (In Full) G Ryan for Congress		Transaction ID : SC/10.4129
LOAN SOURCE Full Name (Last, F GREGORY THOMAS RYA		L FUNDS] Memo Item Election: 2016 Primary General
Mailing Address 2800 HILLSCOURTE COURT S		Other (specify) ▼
City	State ZIP	Code
ROSEVILLE	MN 551	113
Original Amount of Loan	Cumulative Paymen	t To Date Balance Outstanding at Close of This Period 0.00 78.70
TERMS Date Incurred M03 / D31 / Y 2016	Date D	Oue Interest Rate Secured: 12/31/16 0.00 (apr) Yes No
List All Endorsers or Guarantors (if	= :	
1. Full Name (Last, First, Middle Ini	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (op	itional)	78.70
FOTALS This Period (last page in this	ine only)	······································
Carry outstanding balance only to LINI	3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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JAN5			Detailed Summary Pa	age (C	rieck only on	13
AME OF COMMITTEE (In Full) 3 Ryan for Congress			Transa	action ID :	SC/10.4206	
LOAN SOURCE Full Name (Las		e Initial) PERSONAL FU	INDS] Memo Item	Election Pri	_0.0	
Mailing Address 2800 HILLSCOURTE COURT S				$\dashv \sqcup \sqcup$	her (specify)	7
City ROSEVILLE		ate ZIP Cod	de			
Original Amount of Loan	84.24	Cumulative Payment To	Date Ba	lance Outs	standing at Cl	ose of This Pe
TERMS Date Incurred M 04		_	Interest Ra 2/31/16 ^Y 0	.00	% (apr)	Secured:
List All Endorsers or Guaranto 1. Full Name (Last, First, Middle		oan Source	Name of Employer			
,						
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	. ,	
4. Full Name (Last, First, Middle	Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		/8
SUBTOTALS This Period This Page	e (optional)		······································	,		84.24
OTALS This Period (last page in t						
Carry outstanding balance only to	LINE 3, Sched	uie ש, ior this line. If I	וס סכוופטעופ ש, carry fol	ward to a	ippropriate li	ne or Summar

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JAN5			Detailed Summary	Page	(check only o	ne) /	13b
AME OF COMMITTEE (In Full) G Ryan for Congress			Tran	saction	ID : SC/10.4207		•
CREGORY THOMAS RY		tial) 'PERSONAL FUI	NDS] Memo Item		ction: 2016 Primary General		
Mailing Address 2800 HILLSCOURTE COURT S					Other (specify)	▼	
City	State	ZIP Cod	e				
ROSEVILLE	MN	55113					
Original Amount of Loan	Cum	ulative Payment To [Date E	Balance (Outstanding at (Close of Thi	s Perioc
5:	53.08		0.00		, ,	553.0	08
Date Incurred M 04	Y " Y M " M M	Date Due	Interest F ½/31/16	Rate 0.00	% (apr)	Secured:	\times
List All Endorsers or Guarantors	s (if any) to Loar	Source			,	Yes	No
1. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	. ,			
2. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP	0000	Amount Guaranteed Outstanding:	7			
4. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP		Amount Guaranteed Outstanding:	7	7]
UBTOTALS This Period This Page	(optional)		·····		7	553.0	08
OTALS This Period (last page in the	is line only)		•		7		
Carry outstanding balance only to I	INE 3, Schedule	D, for this line. If n	o Schedule D, carry t	forward	to appropriate	line of Sun	nmary.

Use separate schedule(s)

FOR LINE NUMBER:

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OANS			Detailed Summary F		(check only one)	X 13a
AME OF COMMITTEE (In Full)			Trans	saction II	D : SC/10.4209	100
G Ryan for Congress						
LOAN SOURCE Full Name (La GREGORY THOMAS F		Initial) 'PERSONAL FU	NDS] Memo Item	X	tion: 2016 Primary General	
Mailing Address 2800 HILLSCOURTE COURT S					Other (specify) ▼	
City	Stat	e ZIP Cod	е			
ROSEVILLE	MI	N 55113				
Original Amount of Loan	Cu	mulative Payment To [Date B	alance O	outstanding at Clos	se of This Period
	87.47	7 7	0.00		7 7	87.47
Date Incurred Mo4 ^M / D30 ^D / Y ž0	16 Y	Date Due	Interest R Ž/31/16	ate 0.00	% (apr)	Secured:
List All Endorsers or Guaranto	ors (if any) to Lo	an Source			(1)	Yes No
1. Full Name (Last, First, Midd	` • • •		Name of Employer			
Mailing Address			Occupation			
City	State ZI	P Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
City	State Z	P Code	Amount Guaranteed Outstanding:	7	7	
3. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZI	P Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle	e Initial)		Name of Employer			
Mailing Address			Occupation			
City	State Z	P Code	Amount Guaranteed Outstanding:	7		
SUBTOTALS This Period This Pag	ge (optional)		······		7 7	87.47
TOTALS This Period (last page in	this line only)				, , ,	
Carry outstanding balance only to	LINE 3. Schedul	e D. for this line. If n	o Schedule D. carry fo	orward t	o appropriate line	e of Summarv.

Use separate schedule(s) for each category of the Detailed Summary Page

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JANS	Detailed Summary Page (Crieck Only One) 13a 13b
AME OF COMMITTEE (In Full) G Ryan for Congress	Transaction ID : SC/10.4211
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL II** GREGORY THOMAS RYAN	FUNDS] Memo Item Election: 2016 Primary General
Mailing Address 2800 HILLSCOURTE COURT S	Other (specify) ▼
City State ZIP C ROSEVILLE MN 55113	
Original Amount of Loan Cumulative Payment T 74.24	To Date Balance Outstanding at Close of This Period 0.00 74.24
TERMS Date Incurred Date Due 05 / Y 2016 Y	e Interest Rate Secured: 12/31/16 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer
, , , , , , , , , , , , , , , , , , , ,	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	74.24
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	7 7 7

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

JANS		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) G Ryan for Congress		Transaction	on ID : SC/10.4212
LOAN SOURCE Full Name (Last, First GREGORY THOMAS RYAN	, Middle Initial) 'PERSONAL FU	INDS] Memo Item	Election: 2016 Primary General
Mailing Address 2800 HILLSCOURTE COURT S			Other (specify) \blacktriangledown
City	State ZIP Cod	de	
ROSEVILLE	MN 55113		
Original Amount of Loan 433.14	Cumulative Payment To	Date Balance	ce Outstanding at Close of This Period
TERMS Date Incurred M05 / D10 / Y 2016 Y	Date Due	Interest Rate 2/31/16 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if ar			
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	5
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	, , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optio	nal)	<u> </u>	433.14
TOTALS This Period (last page in this line	only)	······	7 7
Carry outstanding balance only to LINE 3.	, Schedule D, for this line. If	no Schedule D. carry forwa	rd to appropriate line of Summarv.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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NUMBER: y one) X 13a 13b

OF

		Detailed Summary Pag	le 13b
AME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4249
G Ryan for Congress			
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial) 'PERSONAL FU	NDS] Memo Item	Election: 2016
GREGORY THOMAS RYAN			Primary General
Mailing Address 2800 HILLSCOURTE COURT S			Other (specify)
City	State ZIP Cod	le	
ROSEVILLE	MN 55113		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
355.00		0.00	355.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M ₀₅ M / P ₂₆ D / Y Ž016 Y		2/31/16 Y 0.0	0(()
List All Endorsers or Guarantors (if any)	to Loan Source		100 110
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Maillion Addunca		0	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7 7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 0
Carry outstanding balance only to LINE 3. So	у)	······································	355.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS	Detailed Summary Page (Crieck Only One) 13b
AME OF COMMITTEE (In Full) 3 Ryan for Congress	Transaction ID : SC/10.4214
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUND GREGORY THOMAS RYAN	DSJ Memo Item Election: 2016 Primary General
Mailing Address 2800 HILLSCOURTE COURT S	Other (specify) ▼
City State ZIP Code ROSEVILLE MN 55113	
Original Amount of Loan Cumulative Payment To Da	ate Balance Outstanding at Close of This Period
518.72	0.00 518.72
Date Incurred Date Due M 05	Interest Rate Secured: 31/16 Y (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	lame of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	lame of Employer
Mailing Address C	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	lame of Employer
Mailing Address C	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	lame of Employer
Mailing Address	Occupation
City State ZIP Code G	umount Guaranteed Dutstanding:
SUBTOTALS This Period This Page (optional)	518.72
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	9 9

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

JAN5			Detailed Summa	ry Page	(check only of	13a 13b
AME OF COMMITTEE (In Full) G Ryan for Congress		•	Tr	ansaction	ID : SC/10.4216	
CREGORY THOMAS RY		ERSONAL FUN	DSJ Memo Item		ction: 2016 Primary General	
Mailing Address 2800 HILLSCOURTE COURT S					Other (specify)	▼
City ROSEVILLE	State MN	ZIP Code 55113		<u> </u>		
Original Amount of Loan	Cumulative	e Payment To Da	ate	Balance	Outstanding at 0	Close of This Perio
	37.47	, ,	0.00		2 2	87.47
Date Incurred MO6 / DO1 / Y 2016	M M M / D	Date Due	Interes	t Rate 0.00	% (apr)	Secured:
List All Endorsers or Guarantors						
1. Full Name (Last, First, Middle	Initial)	1	lame of Employer			
Mailing Address		(Occupation			
City	State ZIP Code	,	mount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle	nitial)	١	lame of Employer			
Mailing Address		(Occupation			
City	State ZIP Code	,	mount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle	nitial)	1	lame of Employer			
Mailing Address		(Occupation			
City	State ZIP Code	, (mount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle	nitial)	١	lame of Employer			
Mailing Address		(Occupation			
City	State ZIP Code	,	amount Guaranteed Outstanding:	7		
SUBTOTALS This Period This Page	(optional)				7 7	87.47
COTALS This Period (last page in th					7	
Carry outstanding balance only to I	INE 3, Schedule D, for	this line. If no	Schedule D, carr	y forward	to appropriate	line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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UAN5		Detailed Summary Page	(crieck only one) 13a
AME OF COMMITTEE (In Full) G Ryan for Congress		Transaction	ID : SC/10.4217
LOAN SOURCE Full Name (Last, First GREGORY THOMAS RYAN		· - -	ection: 2016 Primary General
Mailing Address 2800 HILLSCOURTE COURT S			Other (specify) ▼
City	State ZIP Cod	de	
ROSEVILLE	MN 55113		
Original Amount of Loan 580.00	Cumulative Payment To	Date Balance	Outstanding at Close of This Period 580.00
TERMS	1 1		
Date Incurred M 06	Date Due	Interest Rate 2/31/16 0.00	Secured: % (apr) Secured: Yes No
List All Endorsers or Guarantors (if			100 110
Full Name (Last, First, Middle Initial	al)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	,
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opti	onal)	······································	580.00
TOTALS This Period (last page in this lin	e only)		7
Carry outstanding balance only to LINE	3, Schedule D, for this line. If I	no Schedule D, carry forward	to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

JANS		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) G Ryan for Congress		Transaction I	D : SC/10.4218
LOAN SOURCE Full Name (Last, Find GREGORY THOMAS RYAI			tion: 2016 Primary General
Mailing Address 2800 HILLSCOURTE COURT S			Other (specify) ▼
City	State ZIP (Code	
ROSEVILLE	MN 5511	3	
Original Amount of Loan	Cumulative Payment	To Date Balance C	Outstanding at Close of This Period 87.47
Date Incurred M 06 / D29 / Y 2016	Date Du	Interest Rate Y 12/31/16 Interest Rate	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if	= :		
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (op	tional)	<u> </u>	87.47
FOTALS This Period (last page in this li			7
Carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry forward t	o appropriate line of Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

X 13a I

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		Detailed Summary Page		13b
AME OF COMMITTEE (In Full)		Transact	ion ID : SC/10.4220	
G Ryan for Congress				
LOAN SOURCE Full Name (Last, First, Midd GREGORY THOMAS RYAN	le Initial) 'PERSONAL FUN	IDS] Memo Item	Election: 2016 Primary General	
Mailing Address 2800 HILLSCOURTE COURT S			Other (specify) ▼	
City	State ZIP Code	•		
ROSEVILLE	MN 55113			
Original Amount of Loan	Cumulative Payment To D	ate Balan	ce Outstanding at Close of This	Period
576.14		0.00	576.1	4
Date Incurred M 06 / 29 / 2016 M	Date Due	Interest Rate 0.00	Secured: % (apr) Yes	X No
List All Endorsers or Guarantors (if any) to			165	INO
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address	(Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address	(Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (optional)			576.1	4
TOTALS This Period (last page in this line only).		··················· ·	4876.58	В
Carry outstanding balance only to LINE 2 School	dula D. for this line. If no	Sobodulo D. carry forms	ard to appropriate line of Sum	mon